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CHS-9164

Michael Harle, M.H.S.
President/Chief Executive Officer

Richard Z. Freeman, Jr., Esq. Chairman of the Board Gaudenzia, Inc.

April 4, 2019

Mr. Kevin McDonald Chief, Certificate of Need Maryland Health Care Commission 4160 Patterson Avenue Baltimore, Maryland 21215

Re: Gaudenzia Crownsville – Matter 18-24-2421

Dear Mr. McDonald,

Attached, please find Gaudenzia Inc.'s revised budget tables for the above mentioned Certificate of Need application, per your request.

Thank you for the opportunity to once again provide additional information in support of this application. We look forward to continuing to work with you and your office during this final review process.

Respectfully submitted,

Kristy E. Blalock, LCPC-S, LCADAS, NCC, BCPC, CADS

**Division Director II** 

Gaudenzia Inc. - Anne Arundel County

CC: Greg Warren, Regional Director, Gaudenzia, Inc.

Billie Penley, Acting Health Officer, Anne Arundel County

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### TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

INSTRUCTIONS: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. NOTE: Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is large expected with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.

		of age of the selection of the fact	and the state of t	The state of the s	(15) (25) (25) (25) (25) (25) (25) (25) (2	Personal Control of the Control of t	SERVICE STATES AND SERVICE STATES OF THE SERVICE SERVI		STREET, STREET		SHOOT STATE OF STATE
		Before t	Before the Project				After Pro	After Project Completion	tion		
	Current		<b>Based on Physical Capacity</b>	sical Capac	ity		location	B	Based on Physical Capacity	/sical Capa	city
Service Location	licensed		Room Count		Bed Count	Service Location	(Floor/	7	Room Count		Bed Count
(Floor/Wing)	Beds	Private	Semi-Private	Total Rooms	Physical Capacity	(Floor/Wing)	Wing)*	Private	Semi- Private	Total	Physical Capacity
		II.7 AND III.7D	٥				.7	II.7 AND III.7D			
				0	0	First floor, west wing	same			6	27
				0	0					0	0
				0	0					0	0
				0	0					0	0
				0	0					0	0
Subtotal III.7 AND III.7D	0	0	0	0	0	Subtotal III.7 and III.7 D		0	0	6	27
	R	RESIDENTIAL					RES	RESIDENTIAL			
2nd floor East, West and Annex	3.5			. 17	85					17	85
Annex	3.3			_	5					1	5
Subtotal Residential	6.8	0	0	18	90	Subtotal Residential		0	0	18	90
TOTAL	6.8	0	0	18	90	TOTAL		0	0	24	117
Other: Annex	Crisis beds			ω	10	Other (Specify/add rows as needed)	Crisis Beds			ယ	10
TOTAL OTHER	0	0	0	3	10	TOTAL NON-ACUTE		0	0	ω	10
FACILITY TOTAL	6.8	0	0	21	100	FACILITY TOTAL		0	0	27	127

### TABLE B. PROJECT BUDGET - NOT APPLICABLE

INSTRUCTION: Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application. If the project involves services other than level III.7 and III.7D explain the allocation of costs between the levels. NOTE: Inflation should only be included in the Inflation allowance line A.1.e. The value of donated land for the project should be included on Line A.1.d as a use of funds and on line B.8 as a source of funds

A. USE OF FUNDS	III.7 and III.7D	RESIDENTIAL	TOTAL
A. USE OF FUNDS  1. CAPITAL COSTS			
a. New Construction			
(1) Building	\$0		\$
(2) Fixed Equipment	\$0		\$
(3) Site and Infrastructure	\$0		\$
(4) Architect/Engineering Fees	\$0		\$ \$ \$
(5) Permits (Building, Utilities, Etc.)	\$0		\$
SUBTOTAL	\$0	\$0	\$
b. Renovations			
(1) Building	\$0		\$
(2) Fixed Equipment (not included in construction)	\$0		\$
(3) Architect/Engineering Fees	\$0		9
(4) Permits (Building, Utilities, Etc.)	\$0		\$
SUBTOTAL	\$0	\$0	\$
c. Other Capital Costs	-		
(1) Movable Equipment Office and lounge furniture)	\$16,325		\$16,32
(2) Contingency Allowance	\$0		\$
(3) Gross interest during construction period	\$0		\$
(4) Other (Specify/add rows if needed)	\$0		\$
SUBTOTAL	\$16,325	\$0	\$16,32
TOTAL CURRENT CAPITAL COSTS	\$16,325	\$0	\$16,32
d. Land Purchase	\$0		•
e. Inflation Allowance	\$0		\$
TOTAL CAPITAL COSTS	\$16,325		\$16,32
2. Financing Cost and Other Cash Requirements	<b>4.</b> 0,0_0		¥ 10,00
a. Loan Placement Fees	\$0		\$
b. Bond Discount	\$0		\$
c CON Application Assistance	\$0		<u> </u>
c1. Legal Fees	\$0		\$
c2. Other (Specify/add rows if needed)	\$0		· · · · · · · · · · · · · · · · · · ·
d. Non-CON Consulting Fees	\$0		
d1. Legal Fees	\$0		\$
d2. Other (Specify/add rows if needed)	\$0		\$
e. Debt Service Reserve Fund	\$0		\$
i. Other (Specify/add rows if needed)	\$0		\$
SUBTOTAL	\$0	\$0	\$
3. Working Capital Startup Costs			\$
TOTAL USES OF FUNDS	\$16,325	\$0	\$16,32
, Sources of Funds			, -,-
1. Cash	\$0		\$
2. Philanthropy (to date and expected)	\$0		9
3. Authorized Bonds	\$0		\$
4. Interest Income from bond proceeds listed in #3	\$0		\$
5. Mortgage	\$0		\$
6. Working Capital Loans	\$0		\$
7.			
a. Federal	\$0		\$ \$ \$ \$
b. State	\$0		\$
c. Local	\$0		\$
8. Other (Specify/add rows if needed)	\$0		\$
TOTAL SOURCES OF FUNDS			
	III.7 and III.7D	RESIDENTIAL	TOTAL
nnual Lease Costs (if applicable)			
1. Land	\$0		(
2. Building	\$0		
3. Major Movable Equipment	\$0		9
4. Minor Movable Equipment	\$0		\$ \$ \$
5. Other (Specify/add rows if needed)	\$0		9

<sup>\*</sup> Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.

## TABLE C. STATISTICAL PROJECTIONS - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Two Most Recent Years (Actual)	ecent Years ual)	Current Year	Projected Includ	າ Years (endin le additional y	g at least two ears, if neede	years after pr d in order to b	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.	on and full oc vith Tables G	cupancy) and H.
Indicate CY or FY	FY 16	FY 17		FY 19	FY 20	FY 21	FY 22	FY 23	FY 25	FY 26
1. DISCHARGES										
a. Residential	86	160	210	260	260	260	260	260	260	260
b. III.7 and III.7D	0	0	241	311	311	311	311	311	311	311
c. Other (Specify/add rows of										
needed)										
TOTAL DISCHARGES	86	160	451	571	571	571	571	571	571	571
2. PATIENT DAYS									=	
a. Residental	9,976	22,214	27,922	27,922	27,922	27,922	27,922	27,922	27,922	27,922
b. III.7 and III.7D	0	0	0	2,792	8,376	8,376			8,376	8,376
c. Other (Specify/add rows of										
needed)	0 076		27 022	2074	36	26 200	25 200	26 200	26.200	36 300
ENIDAYS	9,9/0	22,214	21,922	30,/74	30,290	50,298	30,298	30,298	30,298	30,298
LENGTH OF STAY	(patient days divided by discharges	vided by disch	$\sim$							
	116.0	138.8	133.0	107.4	107.4	107.4	107.4	107.4	107.4	107.4
b. III.7 and III.7D	0.0	0.0	0.0	9.0	26.9	26.9	26.9	26.9	26.9	26.9
c. Other (Specify/add rows of	#DIV/0I	#DIV/01	#DIV/0!	#DIV/01	#511/01	#DIV/01	#017/01	#DIV/01	#DIV/01	#JIV/61
TOTAL AVERAGE LENGTH OF	:								1	
STAY	116.0	138.8	61.9	53.8	63.6	63.6	63.6	63.6	63.6	63.6
4. NUMBER OF LICENSED BEDS										
f. Rehabilitation	0	0								
g. Comprehensive Care	0	0								
h. Other 3.5 and 3.3	90	90	90	90	06	90	90	90	90	90
Crisis beds	0	10	10	10	10	10	10		10	10
Halfway House	5	5	25	25	25	25	25	25	25	20
TOTAL LICENSED BEDS	95	95	140	140	140	1	140	140	140	90
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE:	MPORTANT N		ar formulas sho	ould be change	Leap year formulas should be changed by applicant		to reflect 366 days per year.			
a. Residential	78.9%	78.9%	85.0%	85.0%	85.0%	85.0%	85.0%		85.0%	85.0%
b. III.7 and III.7D	#DIV/0!	#DIV/0!	70.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
c. Other (Specify/add rows of										
needed)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL OCCUPANCY %	28.8%	64.1%	54.6%	60.1%	71.0%	71.0%	71.0%	71.0%	71.0%	110.5%
6. OUTPATIENT VISITS										
a. Residential										
b. III.7 and III.7D										
c. Other (Specify/add rows of										
TOTAL OUTPATIENT VISITS	9	0	0	0	9	0	0	n	0	0
TOTAL OUTPATIENT VISITS	0	0	0	0	0	0	0	0	0	0

Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

### Gaudenzia Inc. - Crownsville

## TABLE D. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table D should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table C and with the costs of Manpower listed in Table G. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to

e. Current Depreciation (Specify/add rows if needed) a. Inpatient Services d. Interest on Project Debt c. Interest on Current Debt b. Contractual Services a. Salaries & Wages (including NET OPERATING REVENUE Net Patient Services Revenue e. Charity Care d. Contractual Allowance c. Allowance For Bad Debt Gross Patient Service Revenues h. Project Amortization g. Current Amortization ndicate CY or FY NET INCOME (LOSS) SUBTOTAL 3. INCOME 2. EXPENSES TOTAL OPERATING EXPENSES Other Expenses (Specify/add rows if Supplies Project Depreciation Other Operating Revenues Outpatient Services Non-Operating Income Income From Operation ncome Taxes FY 16 69 69 ↔ 49 69 s 4 S ↔ 69 ↔ 4 69 Two Most Recent Years 157,880 278,034 733,899 267,629 750,741 750,741 \$ 3,002,965 750,741 750,741 \$ 2,822,787 30,356 16,842 16,842 \$ 910,337 \$ 2,477,945 \$ 16,842 (Actual) 49 69 \$ 3,002,965 FY 17 s બ ÷ 69 69 တ G 69 2,822,787 1,912,450 1,022,382 274,000 556,068 910,337 910,337 60,000 90,089 90,089 Current Year Projected 43 69 49 ÷ FY 18 49 69 49 69 G G 69 63 ↔ 49 69 4 2,553,865 1,271,580 2,477,945 5,524,706 5,524,706 5,031,810 5,031,810 2,477,945 363,340 912,518 246,448 246,448 6,427 49 ÷ 8 ↔ FY 19 49 \$ 3,019,055 s 69 69 ↔ 49 S 69 69 69 Projected Years (ending at least two years after project completion and full occupancy) Add columns if 1,589,296 3,753,497 \$ 7,177,621 \$ 3,753,497 6,772,552 6,772,552 7,177,621 3,753,497 needed in order to document that the hospital will generate excess revenues over total expenses 889,545 482,636 202,535 57,578 202,535 FY 20 ÷ 49 63 49 \$ 4 64 69 €9 49 69 49 49 69 6,129,781 8,797,749 1,135,000 10,026,960 10,026,960 9,425,343 9,425,343 928,208 604,760 627,594 | \$ 300,809 300,809 627,594 627,594 consistent with the Financial Feasibility standard 69 49 69 69 69 49 ↔ S ÷ ÷ 49 €9 G 69 4 69 €. 4 6,129,781 8,797,749 1,135,000 10,026,960 10,026,960 9,425,343 928,208 9,425,343 604,760 300,809 627,594 627,594 \$ 300,809 627,594 8 ÷ ÷ FY 22 S \$ 69 69 4 4 Ø 4 69 G 69 G 6,129,781 8,797,749 1,135,000 10,026,960 10,026,960 9,425,343 9,425,343 604,760 928,208 627,594 627,594 \$ 300,809 300,809 627,594 49 49 49 ↔ 69 ÷ 49 4 G 49 6 4 69 63 S 6,129,781 8,797,749 10,026,960 1,135,000 10,026,960 9,425,343 9,425,343 604,760 928,208 300,809 627,594 \$ 300,809 627,594 ψ 49 69 ÷ 69 S 69 FY 25 <del>()</del> G 49 69 S G. S <del>()</del> 6,129,781 8,797,749 10,026,960 1,135,000 10,026,960 9,425,343 9,425,343 604,760 928,208 300,809 300,809 627,594 627,594 \$ ↔ ÷ S S 4 ↔ 69 FY 26 G 69 49 4 4 ÷ 6,129,781 8,797,749 10,026,960 1,135,000 10,026,960 9,425,343 9,425,343 627,594 300,809 300,809 928,208 604,760 627,594

## TABLE E. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Indicate on the table if the reporting period is

Two Most Recent Years   Projected Years (ending at least two years after project completion and full occupancy)   Years (Actual)   Projected   Years   Include additional years, if needed in order to be consistent with Tables G and H.											
Charges   2016   2017   2018   2020   2021   2022   2023   2024		Two Most Years (A	Recent ctual)	Current Year Projected	Projected Includ	Years (endin e additional y	g at least two ears, if needed	years after pro	oject completion of consistent w	on and full ocu	cupancy) and H.
CHARGES	Fiscal Year	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Idential   Image   I	1. DISCHARGES										
Bard   II.7D   B43   B43   B43   B43   B43   B43   B45   B	a. Residential										
Tricing   Tric	111.7					843	843	843	843	843	843
DISCHARGES   0   0   0   843	c. Other (Specify)										
IEINT DAYS	TOTAL DISCHARGES	0	0	0	0	843	843	843	843	843	843
Idential   Iman   Ima	2. PATIENT DAYS										
and III.7D  and II	a. Residental										
Tricipacity)	b. III.7 and III.7D					10,453	10,453	10,453	10,453	10,453	10,453
LANTIENT DAYS         0         0         0         0         0         10,453         1	c. Other (Specify)										
RRAGE LENGTH OF STAY (patient days divided by discharges)	TOTAL PATIENT DAYS	0	0	0	0	10,453	10,453	10,453	10,453	10,453	10,453
Idental	3. AVERAGE LENGTH OF STAY		divided by	/ discharges)							
and III.7D 0.0 0.0 12.4 12.4 12.4 12.4 12.4 12.4 12.4 12.4											
ar (Specify)         #DIV/0!	b. III.7 and III.7D	0.0	0.0	12.4		12.4	12.4	12.4	12.4	12.4	12.4
AVERAGE LENGTH OF   #DIV/0!   #DIV	c. Other (Specify)										
MBER OF LICENSED BEDS	STAY	#51V/01	#J. No.	#DEV.61	#DIX 75	<u>.</u>	3	<u>.</u>	3	3	Š
Rehabilitation         Rehabilitation         Rehabilitation         Rehabilitation         Rehabilitation         Rehabilitation         Residential         Resi	4. NUMBER OF LICENSED BED			<u></u>							
Comprehensive Care         Compreh	f. Rehabilitation										
Other (Specify)         0	g. Comprehensive Care										
DTALL LICENSED BEDS         0	h. Other (Specify)										
OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.         Residential         Sesidential         Ses	TOTAL LICENSED BEDS	0	0	0	0	0	0	0	0	0	0
Residential         Residential         4         4         55.0%         85.0%		*IMPORTANT	NOTE: Le	ap year formu	las should be o	changed by ap		± 366 days per	year.		
.7 and    .7D											
Other (Specify)         #DIV/0!	b. III.7 and III.7D	0.0%	0.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
UPANCY %         #DIV/0!         <											
NIT VISITS    NIT VISITS	TOTAL OCCUPANCY %	#D[V/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
7D 30 30 30 30 30 30 30 30 30 30 30 30 30	6. OUTPATIENT VISITS										
III.7 and III.7D     III.7 and III.7D       Other (Specify)     0     30     30     30     30     30     30       DTAL OUTPATIENT VISITS     0     0     30     30     30     30     30     30	a. Residential										
Other (Specify) 0 0 30 30 30 30 30 30 30 30 30 30 30 30	b. III.7 and III.7D										
0 0 30 30 30 30 30 30 30 30		0	0	30	30	30	30	30	30	30	30
	TOTAL OUTPATIENT VISITS	0	0	30	30	30	30	30	30	30	30

<sup>\*</sup> Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

# TABLE F. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

assumptions are reasonable. Specify the sources of non-operating income. to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table E and with the costs of Manpower listed in Table G. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table F should

15.0%	15.0%	10.0%			4) Commercial Insurance
					3) Blue Cross
85.0%	85.0%	90.0%			2) Medicaid
					1) Medicare
					a. Percent of Total Revenue
					4. PATIENT MIX
\$ (3,027,628.61)	\$ (3,027,628.61) \$	<b>\$</b> (3,027,628.61)	\$ -	\$ -	NET INCOME (LOSS)
					c. Income Taxes
\$ (3,027,628.61)	\$ (3,027,628.61) \$	\$ (3,027,628.61)	\$	\$	SUBTOTAL
					b. Non-Operating Income
\$ (3,027,628.61)	<b>\$</b> (3,027,628.61) <b>\$</b>	\$ (3,027,628.61)	5	9	a. Income From Operation
					3. INCOME
\$ 5,778,694	\$ 5,778,694	\$ 5,778,694	\$	\$	TOTAL OPERATING EXPENSES
\$ 652,364	\$ 652,364	\$ 652,364			j. Other Expenses (Specify) (Indirect Cost
\$ 38,663	38,663	\$ 38,663			i. Supplies
-		\$			h. Project Amortization
<b>€</b> \$	÷\$	÷			g. Current Amortization
<b>↔</b>	69	<del>\$</del>			f. Project Depreciation
\$	\$	\$ -			e. Current Depreciation
\$	\$	\$ -			d. Interest on Project Debt
\$	\$ -	\$ -			c. Interest on Current Debt
\$ 547,182	\$ 547,182	\$ 547,182			
\$ 4,540,485	4,540,485	\$ 4,540,485			a. Salaries & Wages (including benefits)
					2. EXPENSES
\$ 2,751,065	\$ 2,751,065	\$ 2,751,065	\$ -	\$	NET OPERATING REVENUE
					f. Other Operating Revenues (Specify)
\$ 2,751,065	\$ 2,751,065	\$ 2,751,065	\$ -	- \$	Net Patient Services Revenue
					e. Charity Care
					d. Contractual Allowance
\$ 98,274	\$ 98,274	\$ 98,274			c. Allowance For Bad Debt (10%)
\$ 2,849,340	\$ 2,849,340	\$ 2,849,340	\$	\$	Gross Patient Service Revenues
				:	b. Outpatient Services
\$ 2,849,340	\$ 2,849,340	\$ 2,849,340			a. Inpatient Services
					1. REVENUE
2022	2021	2020	2019	2018	FY
andard.	, it needed in order to doc ancial Feasibility standard	pancy) Add years stent with the Fina	etton and full occu	s revenues over to	the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.
4- 1		عدد الداد ۸ المد	tition and full cool		

# TABLE F. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

assumptions are reasonable. Specify the sources of non-operating income. to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table E and with the costs of INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table F should Manpower listed in Table G. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment

the hospital will generate excess revenues over total expenses consistent with the Financia	ess revenues over tot	al expenses consi	stent with the Fina	ancial Feasibility standard	andard.
FY	2018	2019	2020	2021	2022
5) Self-pay					-
6) Other (BHA 8507 contract)					
TOTAL	0.0%	0.0%	700.0%	700.0%	100.0%
b. Percent of Equivalent Inpatient Days					
Total MSGA					
1) Medicare					
2) Medicaid	100.0%	95.0%	90.0%	85.0%	85.0%
3) Blue Cross					
4) Commercial Insurance					
5) Self-pay					
6) Other					
ΤΟΤΔΙ	100 0%	95.0%	%0:06	85.0%	85.0%

### Gaudenzia Inc. - Crownsville

### TABLE G. WORKFORCE INFORMATION

INSTRUCTION: List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables F and G.

	CUR	RENT ENTIRE F.		THE PRO			OPERATIO	XPECTED CH INS THROUGH PROJECTION DOLLARS)	H THE LAST	FACILITY LAS	CTED ENTIRE THROUGH THE TYEAR OF TION (CURRENT
Job Category	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table D, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table D)
1. Regular Employees											
Administration (List general											
categories, add rows if needed)											
Division Director II	0.8	\$72,000	\$72,000	1.0	\$90,000				\$0	1.0	\$105,000
Program Director	1.0	\$70,000		2.0	\$140,000				\$0	3.0	\$210,000
Administrative Coordinator	2.0	\$33,000		3.0	\$36,000				\$0	5.0	\$330,000
Clinical Director	2.0	\$55,000		3.0	\$55,000				\$0	5.0	\$275,000
Total Administration	5.8	\$230,000	\$318,000	9.0	\$321,000	\$427,000			\$0	12.0	\$920,000
Direct Care Staff (List general											
categories, add rows if needed)		465.55	400		<b>A</b> 4 = = = =	A455.55					A
Addiction Counselors	7.0	\$38,000	\$266,000	4.0	\$45,000				\$0	11.0	\$446,000
Mental Health Therapists	2.0	\$55,000		2.0	\$55,000				\$0	4.0	\$440,000
Intake Specialists	1.0	\$41,000		4.0	\$41,000				\$0	5.0	\$205,000
Nurses	1.5	\$97,500	\$146,250	10.0	\$65,000				\$0	11.5	\$796,250
Total Direct Care	11.5		\$563,250	20.0		\$1,104,000			\$0	39.0	\$1,887,250
Support Staff (List general											
categories, add rows if needed)	40.5	404000	0000 000	477.0	404.000	<b>\$400.040</b>			0.0	07.5	0000 100
House Managers	10.5	\$24,960	\$262,080	17.0	\$24,960				\$0	27.5	\$686,400
Cooks	2.0	\$29,000	\$58,000	1.0	\$29,000				\$0	3.0	\$87,000
Billing Specialists	1.0	\$41,000	\$41,000	1.5	\$61,500				\$0 \$0	2.5	\$102,500
Peer Recovery Specialists	2.0	\$33,000	\$66,000	8.0	\$33,000				20	10.0 1.0	\$330,000 \$65,000
Director of Admissions				1.0 1.0	\$65,000 \$45,000					1.0	\$45,000
IT Support	15.5		\$427,080	29.5	\$258,460	\$258,460			\$0	45.0	\$1,315,900
Total Support REGULAR EMPLOYEES TOTAL				69.5	φ <b>2</b> 36,400	\$238,400			\$0	102.3	
	32.8		\$1,009,500	09.5		<b>J</b> ⊅∪			, <b>"</b>	102,3	\$4,123,150
2. Contractual Employees											
Administration (List general categories, add rows if needed)											
categories, add rows ii rieeded)			\$0			\$0			\$0	0.0	\$0
			\$0 \$0			\$0			\$0	0.0	\$0 \$0
			\$0 \$0			\$0			\$0	0.0	\$0 \$0
			\$0			\$0			\$0	0.0	\$0 \$0
Total Administration			Ψ0 \$0			\$0			\$0	0.0	
Direct Care Staff (List general			ΨΟ			ΨΟ			ΨΟ	0.0	ΨΟ
categories, add rows if needed)											
Nurse Practitioner	0.0		\$0	1.0	\$95,000	\$95,000			\$0	2.0	\$190,000
Medical Director	0.0	\$68,460		0.3					\$0		
Psychiatrist	0.1	\$40,560	\$40,560	0.4	\$202,780				\$0	0.5	
- Syonia not	0	<b>\$10,000</b>	\$0	0	<del>4</del> 202,.00	\$0			\$0		
Total Direct Care Staff	1.9	100	\$0			\$0			\$0		
Support Staff (List general					The second secon	and operation to over referred post of the factors.				and the state of t	* ************************************
categories, add rows if needed)											
			\$0			\$0			\$0	0.0	
			\$0			\$0			\$0		
			\$0			\$0			\$0		\$0
			\$0			\$0			\$0		\$0
Total Support Staff			\$0			\$0			\$0		
CONTRACTUAL EMPLOYEES											
TOTAL Benefits (State method of			\$0			\$0			\$0	1.9	\$604,760
calculating benefits below):											\$4 E40 404
37.5% of Salary and Fringe			#4 000 F00	CO =		60			en.		\$1,546,181
Total Salary & Fringe	32.8		\$1,009,500	69.5		\$0	0.0		\$0		\$6,274,091